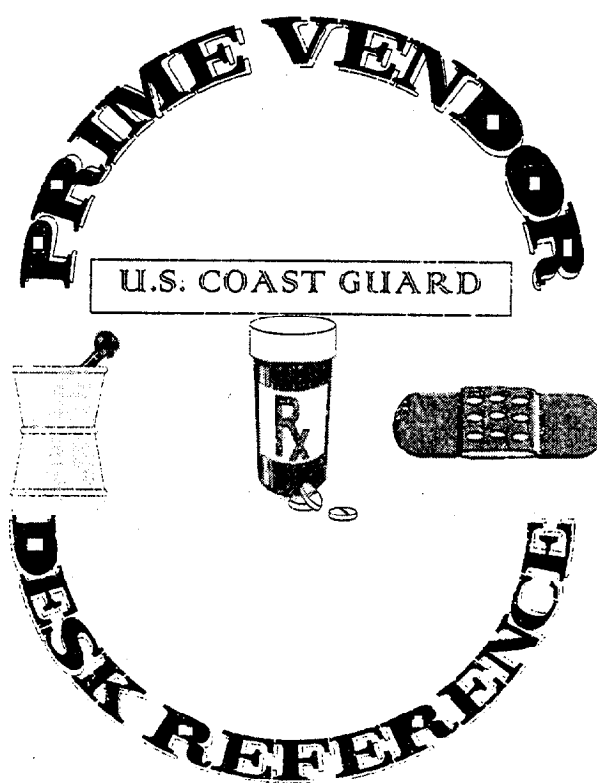


U.S. Department
of Transportation

**United States
Coast Guard**



OCTOBER 1997

COMDTINST M6740.2



COMDTINST M6740.2

OCT 27 1997

COMMANDANT INSTRUCTION M6740.2

Subj: MEDICAL PRIME VENDOR PROGRAM IMPLEMENTATION WITHIN THE
COAST GUARD

1. PURPOSE. This Instruction prescribes policy for implementation of Medical Prime Vendor Programs (Pharmaceutical/Medical-Surgical/Dental) within the Coast Guard.
2. ACTION. Area and district commanders, commanders of maintenance and logistics commands, commanding officers of headquarters units, assistant commandants for directorates, Chief Counsel, and special staff offices at Headquarters shall comply with the contents of this Instruction.
3. DISCUSSION.
 - a. Department of Defense (DOD) recommendations to the Base Realignment and Closure Commission (BRAC) of 12 March 1993 included closure of the Supply Depot of the Defense Personnel Support Center (DPSC), Philadelphia, PA. The draw down of the DPSC Depot operation is having a direct negative impact on the Coast Guard's current system for procurement of pharmaceuticals and other medical-surgical/dental supplies. For example, DPSC forecasts that ultimately the only pharmaceuticals it will offer through the depot system will be military-specific items (i.e., chemical warfare antidotes, etc.). This is particularly significant because unlike the other armed services the Coast Guard does not have a parallel "in-house supply system."

DPSC representatives are continuing to provide service by contracting for their Prime Vendor Program (PVP), which includes pharmaceutical and medical-surgical supplies. This program will provide service for designated geographic areas through contracts with wholesale distributors. While there are significant advantages to a PVP, the profit motive

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limits access by denying participation to units which do not generate sufficient dollar volume to warrant order entry and daily delivery.

4. POLICY.

- a. To address dollar volume limitations for PVP participation, the concept of Coast Guard clinics functioning as pharmaceutical and medical-surgical supply points for home-porting and collateral assigned units has already been adopted within the Coast Guard. The Pharmacy Officer Collateral Duty Program (POCDP) has been performing well - an economy of scale in the procurement of pharmaceuticals, not previously experienced in the Coast Guard, has been achieved. This same concept (pharmacy officer consultant and logistical oversight in the procurement of pharmaceuticals) is now expanded to include the clinic administrator acting as the Contracting Officer's Technical Representative (COTR) who will assign in writing, Ordering Officers (OO's) for the pharmaceutical, medical-surgical (when computer equipment is obtained), and future dental PVPs. Pharmacy officers will be appointed as OO's for the pharmaceutical PVP, and health services technicians assigned to medical supply will be appointed OO's for future medical-surgical and dental PVPs.
- b. Collateral duty assignments for the POCDP have already been made by Commander (k), Maintenance and Logistics Commands (MLC's) and these same unit assignments will be utilized for pharmaceutical prime vendor support. However, pharmacy officers shall not be responsible for medical-surgical/dental prime vendor procurements. Ordering Officers appointed at each clinic shall procure medical-surgical/dental supplies for themselves and units in their Area of Responsibility (AOR), as established by the MLC's, including Health Services Allowance List (HSAL) Part 3 (COMDTINST M6700.7 (series)). This support concept provides an innovative approach to the access problem that will confront our clinics and sickbays (ashore and afloat) as the federal procurement system shifts to Prime Vendors. Collateral duty responsibilities related to the PVP may appear onerous; however, experience indicates that this is significant only at start-up.
- c. Currently, Coast Guard clinics procure pharmaceuticals and medical-surgical/dental supplies with AFC-57 funds. Sickbays (ashore and afloat) procure these items with AFC-30 funds. To ease PVP implementation, Commandant (G-WK) will seek reprogramming of AFC-30 to AFC-57 and will absorb the cost of pharmaceutical and medical-surgical/dental supply procurement for affected units. Units retain responsibility for the prudent procurement of pharmaceuticals and medical-surgical/dental supplies. Pharmaceutical requisitions will be reviewed for appropriateness by the collateral duty pharmacy officer and only pharmacy officers may authorize payment to DPSC for pharmaceutical procurements. Clinic administrators will have COTR responsibility (as appointed

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by the DPSC Contracting Officer) for oversight of pharmaceutical/medical-surgical/dental supply procurement. Vessel sick bays shall utilize the assigned collateral duty unit for routine procurement; however, if underway and the need for emergent procurement arises, the unit can contact the nearest clinic and their requirements will be accommodated. MLC's will coordinate AFC-57 reimbursement for PVP expenditures incurred on behalf of collateral assigned units.


JOYCE M. JOHNSON
Director of Health and Safety

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COAST GUARD PRIME VENDOR DESK REFERENCE

A. PRIME VENDOR PROGRAM.

1. Overview.

a. Equipment Requirements.

Coast Guard Standard Workstation III (SWSIII) will meet the equipment requirements for PV implementation. Medical-surgical/dental Prime Vendor Programs (PVP) will not be implemented until deployment of SWSIII. Sick bays (ashore and afloat) will be supported by the clinic designated by their respective (MLC(k)). Units that already have the necessary hardware may begin PV purchasing of medical/surgical items for their own unit.

b. Ordering Process.

Orders will be entered directly on the vendor's main frame computer via the unit's computer. Order confirmation information will be received back from the vendor via computer. Order confirmation means that within a maximum of 2 hours after an order is received by the vendor, any items that cannot be shipped will be identified and the vendor will "kill" that particular line item of the order (a "fill" or "kill system"). This means that our units will not have to wait until an order is delivered to find out what they will receive and can initiate alternate procurement as necessary (a significant improvement over DPSC Depot medical-surgical procurement). However, this utilization of "electronic commerce" requires that a product-knowledgeable individual initiate orders in this "real-time" ordering process. Accordingly, certain clinic personnel (pharmacy, medical/dental supply) are hereby authorized to utilize PVPs and will be appointed as an Ordering Officer (OO). Clinic administrators will serve as the Contracting Officer's Technical Representative (COTR) and will assign, in writing, OO's. Pharmacy officers will be appointed as OO's for the pharmaceutical PVP and health services technicians in medical supply and dental supply will be appointed as OO's for the future medical-surgical/dental PVPs respectively. Note - authority for payment authorization for pharmaceutical Prime Vendor procurements will be restricted to pharmacy officers for their primary and collaterally assigned units. Orders that are individually entered will be separately packaged when shipped. Units will not have to repackage orders for units they are supporting. Next day delivery will be accomplished (in most cases). Order frequency may vary by unit and program. This system is described as a "just in time" system. Stock levels at shore units can be decreased to a 30 day supply level, another significant improvement over DPSC Depot procurement.

c. Receipt Discrepancies.

When an order is received it must immediately be checked to verify that the items shipped match the items listed on the shipping document. The vendor must be notified of any discrepancies. If the order shipped is correct, payment authorization will be initiated by the unit's pharmacy officer (or collateral duty pharmacy officer) for

pharmaceutical PV procurements and by personnel assigned by the clinic's COTR for medical-surgical/dental PV procurements. Timely payment authorization (within three days) is an absolute requirement as the vendor is guaranteed payment within 15 days of shipment.

d. Payment Coordination Requirements.

All OO's will establish a ledger account (attachment (2)) for each unit in their Area of Responsibility (AOR). Their responsibility is to ensure that the vendor is paid on time, and notify their respective MLC(k) when ledger accounts reach minimum levels (as budgeted). Units retain responsibility for prudent procurement and their orders will be reviewed for appropriateness by their assigned OO. Cutter sick bays will utilize their collaterally assigned Coast Guard clinic for routine procurement; however, if underway and an emergency procurement need arises, the unit can contact the nearest CG clinic and their needs will be accommodated. Units without an HS assigned, will be supported by the nearest CG clinic for their procurement requirements (Health Services Allowance List (HSAL) Part 3 COMDTINST M6700.7 (series)). Clinics will keep a record of procurements for these units which will be provided to their MLC via attachment (3), the revised monthly Prime Vendor Status Report (PVSr). The PVSr has been incorporated into the Clinic Automated Management System (CLAMS II) for reimbursement as necessary. The cognizant MLC(k) will coordinate AFC-57 reimbursement for PV expenditures incurred on behalf of units in their AOR.

2. Introduction.

a. Purpose of the Desk Reference.

The Prime Vendor Desk Reference provides participating Coast Guard (CG) units guidance in implementing and using the Defense Personnel Support Center (DPSC) Prime Vendor Program (PVP). This manual supplements the DPSC Medical Prime Vendor Program Desk Reference (1997 edition) and applies to all CG units participating in the DPSC PVP.

b. Purpose of Prime Vendor.

The PVP provides participating CG units with a "prime" supplier for a commodity line who "fills" the majority of the CG units requirements for that line. The purpose of PV is to shorten the logistics pipeline and make it more reliable. It is a rapid and cost-effective method of acquisition.

c. Unit Responsibilities.

Each participating CG unit is responsible for satisfying the policies and procedures contained in this guide. In addition, each unit is responsible for developing any necessary local procedures and controls not specifically covered by this or the DPSC Desk Reference. The Pharmacy Program Consultant (G-WKH-2) is responsible for ensuring compliance with this guide and all PV guidance. Compliance with specific

CG policies, as well as DPSC requirements, of PVP shall be assessed as part of the Quality Assurance surveys performed by the MLC(k)s.

d. Preparing for Prime Vendor.

The checklist in Attachment (1) provides guidance on actions a facility should take to prepare for PV.

e. Type of Contract.

The PV contract as awarded by DPSC is an Indefinite-Delivery Type Contract (IDTC). The terms and conditions of the PV program make it a requirements contract. A requirements contract provides for satisfying all purchase requirements of selected government activities for specific supplies and services during a specified contract period. When the government expects recurring requirements, but cannot predetermine the precise quantities needed, it uses requirements contracts. The actual delivery order obligates funds, not the contract itself.

When it sets up a requirements contract, the government is saying “We don’t know when we will be needing this item. However, if you will guarantee a fixed price for a given period, we will buy all that we require from you.”

f. Source of PV Pricing.

The pricing for PV items comes from Distribution and Pricing Agreements (DAPA). DPSC negotiates the DAPA prices directly with manufacturers. To each base price, the Prime Vendor adds the PV distribution fee. Finally, DPSC adds a contract administration (cost recovery) surcharge, which is currently 1.3 percent. The price shown in the PV’s electronic catalog includes all fees and surcharges and represents the delivered cost.

g. Competition Considerations.

The underlying DAPA satisfies the competition requirement. Unit OO’s do not have to document price reasonableness or order rotation in an order file.

h. Selecting an Item with the Lowest Price.

Units should purchase the lowest priced item available through the PVP. If a higher-priced item is selected, you must document why you did not select the lowest price item. Documentation will be provided by the OO (via the pharmacy and therapeutics committee). Once an item is selected and identified to the PV, the OO should commit to buying that specific item. At least annually determine the best value with the lowest overall cost to the government.

i. Responsibility to Use PV.

The PV contract is a mandatory contract for covered items. Each CG unit must use the PV contract for all local purchases that are available from the PV. If a participating

unit orders PV items from another source, they violate the terms and conditions of the contract. This places the government at risk for monetary damages.

B. ITEM IDENTIFICATION.

1. Pre-existing Comments.

a. Exceptions To Mandatory PV Purchases.

As discussed earlier, once awarded, PV is a mandatory source for covered items. However, there are two exceptions:

- (1) Depot Items. If a PV item is available from a DLA depot, it is not a mandatory PV item. In this case, MLC(k) and the unit must decide which source to use. This also includes items available under the DPSC Phase II Electronic Commerce (direct shipment from the manufacturer to the end user). Factors other than price should also be considered when deciding whether to buy an item from the depot or the PV. Reliability and dependability must be examined as well.
- (2) PV Cannot Satisfy Requirement. If the PV cannot meet the customer's delivery requirement, the purchase is exempt. OO may go to another authorized source using appropriate procurement mechanisms, e.g. government purchase card.

b. Determining Best Overall Value.

In determining which items to order from the PV, customers should select products that result in the best overall value to the government and give each DAPA-holder a fair opportunity to have their product considered. A best-value approach considers factors other than price. Customers should consider reliability and dependability as well as price. The following factors may be considered in selecting a best value item:

- (1) The quality, reliability, dependability or past performance of the item or its supplier is superior.
- (2) A lower priced item normally carried by the PV is not available in the required time-frame.
- (3) An item has a special feature not available in comparable items which are required for effective program performance.
- (4) There are specific or unusual requirements such as differences in performance characteristics that cannot be met by the lower priced item.
- (5) A specific brand name item or part is required to maintain compatibility with existing facility equipment or systems.
- (6) The expected life (or medicinal effect) of the item is longer than that of a comparable item.

(7) There are trade-in considerations, offered by a manufacturer through a PV, that favors a higher priced item by which produces the lowest net cost to the facility.

c. Documenting Higher Priced Items.

In those instances where the facility is buying a higher priced item and continues to buy the higher priced item, the reason why must be documented and filed in the permanent PVP file.

d. Annual Price Verification.

At least annually, the facility must review all items it is buying through the PV and switch to a lower priced item, if one is available.

e. Identifying PV Items.

Identifying items available from the PV requires the clinic, and the PV to work closely together. Each clinic must identify and forecast a usage estimate of all items that will be procured via the PV. This data must be supplied to the PV. This process identifies what will be purchased through PV and provides the PV with consumption data (usage rate data). The PV will use that information to begin stocking the right items necessary for unit support.

f. Ongoing Item Identification.

The initial item selections you make now are not "locked in stone" and are not the only items you can ever purchase through PV. Rather, this is just the first step in identifying PV items. Item selection is a continuing process, although on a much smaller scale. Once you are operational on PV, the OO will use the PV's on-line electronic catalog; and/or the Price Product Catalog (PPC) or the Uniform Data Repository (UDR) to do research for each item.

C. ORDERING PROCEDURES.

1. Personnel.

a. PV Contracting Officer.

Under the PVP, the contracting officials and their relationships are different from those found with most contracts. You should know who the contracting officials are and what their roles are in PV.

b. Contracting Officer (CO).

Under the terms of the PV contract, the contracting office is DPSC. The CO is at DPSC.

c. Contracting Officer's Representative (COR).

There is a COR (the CG uses "COTR") for each unit. The COTR is the individual appointed by the CO to perform specific technical or administrative functions. The

Clinic Administrator shall be the COTR. The cognizant MLC(k) is responsible for providing the names of each Clinic Administrator to DPSC to allow for timely appointment in writing as a COTR, and the MLC(k) shall retain copies of all COTR appointments.

d. Ordering Officer (OO).

The OO is the individual authorized to place orders with the PV. The COTR appoints the OO in writing. The OO's shall be pharmacy officers (for their primary and collaterally assigned units) for the pharmaceutical PV or the medical supply petty officer for the medical-surgical/dental PV. COTRs are responsible for appointing, in writing, all OO's within their AOR. Copies of all OO appointments shall be submitted to the MLC(k) for forwarding to DPSC and retention of a copy.

e. Equipment Requirements.

Coast Guard standard workstation III (SWS III) will meet the equipment requirements for PV implementation. Medical-surgical/dental PVP will not be implemented until deployment of SWS III. Sick-bays (ashore and afloat) will be supported by a clinic designated by their respective MLC(k).

f. Prime Vendor Supplied Software.

In accordance with the PV contract, the PV provides software to input orders, check pricing, perform research, and perform management reports.

g. Ordering Process.

Orders will be entered directly on the vendor's main frame computer via the unit's computer. Order confirmation information will be received back from the vendor via computer. Order confirmation means that within 2 hours after an order is received by the vendor, any items that cannot be shipped will be identified and the vendor will "kill" that particular line item of the order (a "fill or kill" system). This means that our units will not have to wait until an order is delivered to find out what they will receive and can initiate alternate procurement as necessary (a significant improvement over DPSC Depot procurement). However, this use of "electronic commerce" requires that a product-knowledgeable individual initiate orders in this "real-time" ordering process. Accordingly, certain clinic personnel (pharmacy, medical-surgical/dental supply) are hereby authorized to use PVPs and will be appointed to act as an OO. Clinic administrators will serve as the COTR and will assign the OO's. Note - authority for payment authorization for pharmaceutical PV procurements will be restricted to pharmacy officers for their primary and collaterally assigned units.

h. Orders.

Orders that are individually entered will be separately packaged when shipped. Units will not have to repackage orders for units they are supporting. Next day delivery will be accomplished (in most cases). Order frequency will vary by unit and program. This system is described as a "just in time" system. Stock levels at shore units can be decreased to a 30 day supply level, another significant improvement over DPSC Depot procurement.

(1) Once OO's identify PV items for procurement, process transactions as follows:

(a) Pick a call number from the block of call numbers given by DPSC.

(b) Create the order using the PVP. Training will be provided by the PV company.

i. Controlled Substances.

Controlled substances will be purchased only by the pharmacy OO. The OO may elect to purchase them from DPSC or the PV. Controlled substances will be transferred out of the OO's stock to their collaterally assigned units upon receipt of a completed DD-1149.

(1) Schedule II Narcotics. Customers must complete and provide to the Prime Vendor a Drug Enforcement Agency (DEA) Form 222 before ordering Schedule II narcotics from the Prime Vendor. The actual procedures for purchasing Schedule II narcotics varies from vendor to vendor. Check with your Prime Vendor for their procedures. Note: a separate delivery order is always required for narcotic orders. Each order/delivery site must have its own DEA registration number. The Prime Vendor is authorized only to deliver to a point that has already been assigned a DEA number. Note: One DEA number is sufficient per unit. However, if there are delivery points outside the unit, additional DEA registration numbers will have to be assigned.

(2) Schedule III, IV, and V Controlled Substances. The DEA Form 222 is not required for Schedule III-V drugs. However, these types of controlled substances must also be on a separate delivery order.

j. PV Documents.

Units supported by PV should develop procedures to document the following information on each call placed to the PV. Each call package should be kept in chronological order in a folder for that fiscal year. The call package should contain a minimum of:

(1) The original documents.

(2) The acknowledgment report.

(3) Packing list.

(4) Any memoranda that pertain the call number.

k. Assigning Document Numbers.

The OO will create the document number following these steps:

(1) "Z" followed by the last five digits of the OPFAC number of the unit for which the order is being placed; for example 47200;

(2) Next, the Julian date of the invoice, starting with the last digit of the calendar year, for example, if the invoice date is 10 OCT 96, then the Julian date will 6284;

(3) Third, the call number of that specific order; for example, H225;

(4) This results in the following Document Number: Z472006284H225.

(5) Once the document number is created, record it on the top page of the invoice (packing-list).

l. Processing Off-Line PV Order.

In the case of hardware problems, an order may be called in directly to the PV using the next available call number from the DPSC supplied block of numbers. Follow normal PV procedures to process the receipt except that DPSC must also be notified by phone.

D. RECEIPT PROCESSING.

1. Actions required.

a. Confirmed vs. Packing List Price.

When placing an order through the PV, an acknowledgment report with the confirmed availability and pricing is printed. The confirmed price (status price) is the price at which you must run the receipt. Sometimes the price on the packing slip is different from the status price. When this occurs, call your PV, inform them of the price difference and remind them that we pay the confirmed price. This allows the PV to set up internal credits within their system so that a "short paid" event is anticipated.

b. Receipt Discrepancies.

When an order is received it must immediately be checked to verify that the items shipped match the items listed on the shipping document. The vendor must be notified of any discrepancies. If the order shipped is correct, payment authorization will be initiated by the unit's pharmacy officer (or collateral duty pharmacy officer) for pharmaceutical PV procurements and by personnel assigned by the clinic's COTR for medical-surgical/dental PV procurements. Timely payment authorization (within

three days) is an absolute requirement because the vendor is guaranteed payment from DPSC within 15 days of shipment.

As stipulated by the contract, resolve discrepancies as quickly as possible. One of the keys to a successful PV program is rapidly identifying discrepancies. For shortages, items received in damaged or unserviceable condition, or the wrong item perform the following actions:

- (1) Notify the PV of the discrepancy and annotate the packing list;
- (2) submit short payment on material acceptance;
- (3) reorder the item if needed.

c. Overages.

For overages, set the item(s) aside and notify the PV. They will usually pick-up the item(s) the next working day. Remember, anytime there is something wrong with your order or you have any questions, call the PV.

E. BILLING AND PAYMENT PROCEDURES.

1. Procedures. [Note: Authority for payment authorization for pharmaceutical PV procurements will be restricted to pharmacy officers for their primary and collaterally assigned units.]

a. Bill Paying Under Prime Vendor.

After completion and verification of the PV order the unit's comptroller has the responsibility to transmit a ZOA document through Standard Automated Requisitioning (STAR). Under PV, DPSC makes the payment. DPSC in turn, bills the unit via MILSTRIP.

b. DPSC Role in Bill Paying.

DPSC receives reimbursement from the unit via the following process:

- (1) The OO assigns a document number to the call number and enters summary receipt data into DPSC via Medical Bulletin Board (MBB).
- (2) The summary receipt contains the call number, the last five of the unit's OPFAC, and the total price.
- (3) The PV sends a summary invoice for the call to DPSC and DPSC pays the PV. DPSC, using the same document number in the AOE/YRZ prepares a summary bill and forwards it to the comptroller.

(4) The comptroller processes the summary bill in the finance system. Before the comptroller can process the summary bill the STAR transaction must have been completed.

(5) The OO must send a copy of the packing list with the document number and total price on the top page to the comptroller.

c. Payment Coordination Requirements.

All OO's will establish a ledger account (attachment (2)) for each unit in their AOR. Their responsibility is to ensure that the vendor is paid on time, and notify their respective MLC(k) when ledger accounts reach minimum levels (as budgeted). Units retain responsibility for the prudent procurement and their orders will be reviewed for appropriateness by their assigned OO. Cutter sick bays will utilize their collaterally assigned Coast Guard clinic for routine procurement; however, if underway and an emergent procurement need arises, the unit can contact the nearest Coast Guard clinic and their needs will be accommodated. Units without an HS assigned will be supported by the nearest Coast Guard clinic for their procurement requirements (Health Services Allowance List (HSAL), Part 3 COMDTINST M6700.7 (series)). Clinics will keep a record of procurements for these units which will be provided to their MLC via attachment (3), the revised monthly Prime Vendor Status Report (PVSR). The PVSR has been incorporated into the Clinic Automated Management System (CLAMS II) for reimbursement as necessary. The MLC(k)s will coordinate AFC-57 reimbursement for PV expenditures incurred on behalf of units in their AOR.

F. THE PV CONTRACT FILE.

1. Requirements.

- a. COTR Requirements. The COTR is responsible for maintaining contract files. Items that should be maintained in the contract file are:
- (1) Copy of the PV contract (and any amendments),
 - (2) list of authorized OO's,
 - (3) Coast Guard PV Desk Reference,
 - (4) copies of all applicable documents where payment for a specific call or calls is not authorized,
 - (5) and DOD PV Desk Reference.

PRIME VENDOR IMPLEMENTATION CHECKLIST

	Obtain dedicated phone line(s) to communicate with the Prime Vendor
	Identify and prepare the area where the SWS III computer will be located
	Verify you have no existing requirements contracts for PV applicable items
	Provide consumption data to DPSC
	Brief PV operation to collateral duty sites
	Brief PV operation to comptroller
	Determine which items you currently buy are PV candidates and provide consumption data to the PV
	Assign and train a medical materiel technician(s) (HSs, etc.) to act as PV clerk
	Receive training from PV
	Receive local training as appropriate
	Review PV desk Reference

PHARMACY
PV LEDGER

[illegible]

MED//SURG
PV LEDGER

JULIAN DATE	CALL NUMBER	AMOUNT	PROJECT CODE	BALANCE	COMMENTS

DENTAL
PV LEDGER[illegible]

Prime Vendor Status Report

Page1

Pharmacy (Medical Supply)

Clinic

Month / Year

Pharmacy Data Categories:

	Prescriptions			
	Tricare	Non-Tricare	Medicare	Civilian Provider
New RXs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Refills	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Non -Prescription (OTC)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Rx Visit Only	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Unit's Quarterly Rx Expenditures	<input type="text"/>
Expenditures via Prime Vendor	<input type="text"/>
Non-Prime Vendor Expenditures	<input type="text"/>
Optional 1	<input type="text"/>
Optional 2	<input type="text"/>
Optional 3	<input type="text"/>

Prime Vendor and/or Collateral Duty Pharmacy Program Expenditures For Other Units:

Unit	Expenditures	Unit	Expenditures
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Pharmacy Officer Staffed Clinics Only

Number of RX Mail Program Prescriptives Dispensed (incl refills)	<input type="text"/>
Federal Acquisition Cost of Mail Program Prescription	<input type="text"/>
Estimated Retail Value of Mail Program Prescriptions	<input type="text"/>
Number of Collateral Duty Days Performed	<input type="text"/>
Collateral Rph Travel Expenditures	<input type="text"/>

Prepared By: _____

Date 3/15/98

Attachment (3)

Prime Vendor Status Report

Page2

Pharmacy (Medical Supply)

Prime Vendor Medical-Surgical Supplies

Unit	Expenditures	Unit	Expenditures

Prime Vendor Dental Supplies

Unit	Expenditures	Unit	Expenditures

